

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**INTERNATIONAL REPUBLICAN INSTITUTE**

Number and street (or P.O. box if mail is not delivered to street address)

**1225 EYE STREET, NW**

Room/suite

**700**

City or town, state or country, and ZIP + 4

**WASHINGTON, DC 20005****D** Employer identification number**52-1340267****E** Telephone number**(202) 408-9450****F** Accounting method☐ Cash☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.IRI.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **79,154,919.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

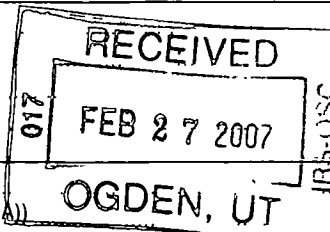
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>1,384,127.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>77,756,055.</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>79,140,182.</b> noncash \$ )	<b>1d</b>	<b>79,140,182.</b>		
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>14,737.</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>Expenses</b>	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		<b>8b</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>79,154,919.</b>			
<b>Net Assets</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>69,868,081.</b>		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>8,349,029.</b>		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>80,000.</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>78,297,110.</b>		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>857,809.</b>			
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,887,916.</b>			
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>			
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>2,745,725.</b>			

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) (cash \$ <u>5,445,124.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b> 5,445,124.	5,445,124.	<b>STATEMENT 3</b>	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc. * *	<b>25</b> 922,133.	708,778.	213,355.	0.
<b>26</b> Other salaries and wages	<b>26</b> 10,010,493.	7,694,354.	2,316,139.	
<b>27</b> Pension plan contributions	<b>27</b> 851,303.	654,336.	196,967.	
<b>28</b> Other employee benefits	<b>28</b> 2,768,668.	2,128,078.	640,590.	
<b>29</b> Payroll taxes	<b>29</b> 954,768.	733,862.	220,906.	
<b>30</b> Professional fundraising fees	<b>30</b> 80,000.			80,000.
<b>31</b> Accounting fees	<b>31</b> 147,994.	58,231.	89,763.	
<b>32</b> Legal fees	<b>32</b> 170,006.	64,922.	105,084.	
<b>33</b> Supplies	<b>33</b> 791,988.	699,894.	92,094.	
<b>34</b> Telephone	<b>34</b> 771,769.	674,937.	96,832.	
<b>35</b> Postage and shipping	<b>35</b> 246,828.	234,811.	12,017.	
<b>36</b> Occupancy	<b>36</b> 4,630,169.	2,961,394.	1,668,775.	
<b>37</b> Equipment rental and maintenance	<b>37</b> 1,344,830.	1,152,851.	191,979.	
<b>38</b> Printing and publications	<b>38</b> 924,217.	814,522.	109,695.	
<b>39</b> Travel	<b>39</b> 8,491,135.	7,819,781.	671,354.	
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 3,080,923.	3,043,758.	37,165.	
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 118,879.		118,879.	
<b>43</b> Other expenses not covered above (itemize):				
a	<b>43a</b>			
b	<b>43b</b>			
c	<b>43c</b>			
d	<b>43d</b>			
e	<b>43e</b>			
f	<b>43f</b>			
g <b>SEE STATEMENT 1</b>	<b>43g</b> 36,545,883.	34,978,448.	1,567,435.	
<b>44</b> Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 78,297,110.	69,868,081.	8,349,029.	80,000.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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\* \* SEE STATEMENT 2

**Part III** Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 4</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>IRI PROVIDES GRANTS TO SUPPORT THE EFFORTS OF GROUPS WHO ENCOURAGE AND FOSTER DEMOCRATIC INSTITUTIONS THROUGHOUT THE WORLD.</u>	
(Grants and allocations \$ <u>5,445,124.</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>69,868,081.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>69,868,081.</b>

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**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	45 Cash - non-interest-bearing		6,345,977.	45	5,768,784.	
	46 Savings and temporary cash investments			46		
	47 a Accounts receivable	47a	1,238,819.			
	b Less: allowance for doubtful accounts	47b	11,289.	285,370.	47c	1,227,530.
	48 a Pledges receivable	48a	5,147,692.			
	b Less: allowance for doubtful accounts	48b		4,890,814.	48c	5,147,692.
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees				50	
	51 a Other notes and loans receivable	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			708,560.	53	335,468.
	54 Investments - securities		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment - basis	55a				
	b Less: accumulated depreciation	55b			55c	
56 Investments - other			0.	56	0.	
57 a Land, buildings, and equipment - basis	57a	778,363.				
b Less: accumulated depreciation <b>STMT 5</b>	57b	363,640.	443,636.	57c	414,723.	
58 Other assets (describe <b>DEPOSITS</b> )				58	286,135.	
<b>59 Total assets (must equal line 74). Add lines 45 through 58.</b>			12,674,357.	59	13,180,332.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		5,938,681.	60	4,588,525.	
	61 Grants payable		1,254,289.	61	1,878,759.	
	62 Deferred revenue		2,886,033.	62	3,214,297.	
	63 Loans from officers, directors, trustees, and key employees			63		
	64 a Tax-exempt bond liabilities			64a		
	b Mortgages and other notes payable			64b		
	65 Other liabilities (describe <b>DEFERRED RENT</b> )			707,438.	65	753,026.
<b>66 Total liabilities. Add lines 60 through 65.</b>			10,786,441.	66	10,434,607.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
	67 Unrestricted		1,815,254.	67	2,633,037.	
	68 Temporarily restricted		72,662.	68	112,688.	
	69 Permanently restricted			69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b>			1,887,916.	73	2,745,725.
	<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73.</b>			12,674,357.	74	13,180,332.

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**Part VI Other Information** (continued)

Yes No

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		747,250.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <u>DC</u>			
b	Number of employees employed in the pay period that includes March 12, 2005	90b		205
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(202) 408-9450</u> Located at <u>1225 EYE STREET, NW, SUITE 700, WASHINGTON, DC</u> ZIP + 4 <u>20005</u>			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>SEE STATEMENT 8</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X	
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>SEE STATEMENT 9</u>	91c	X	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>			N/A

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**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

93 Program service revenue:

a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate.

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets  
other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information provided to the preparer.

Signature of officer *[Signature]* Date *2/22*

Paid Preparer's Use Only Preparer's signature *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4  
RSM MCGLADREY, INC.  
700 N. FAIRFAX STREET, S  
ALEXANDRIA, VA 22314-204



**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Name of the organization

**INTERNATIONAL REPUBLICAN INSTITUTE**

Employer identification number

**52 1340267****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>SHAWN BEIGHLE</b> 1225 EYE ST, NW, WASHINGTON, DC 20005	<b>DEPT HEAD IT</b> 40.00	99,216.	18,092.	1,200.
<b>STEPHEN B. NIX</b> 1225 EYE ST, NW, WASHINGTON, DC 20005	<b>DIR OF REGIONAL PROG</b> 40.00	123,149.	23,305.	1,200.
<b>WALTER L. LLOYD III</b> 1225 EYE ST, NW, WASHINGTON, DC 20005	<b>DIR OF REGIONAL PROG</b> 40.00	110,452.	15,201.	1,200.
<b>THOMAS GARRETT</b> 1225 EYE ST, NW, WASHINGTON, DC 20005	<b>DIR OF REGIONAL PROG</b> 40.00	104,231.	14,490.	1,130.
<b>CYNTHIA R. BUNTON</b> 1225 EYE ST, NW, WASHINGTON, DC 20005	<b>DIR OF REGIONAL PROG</b> 40.00	115,000.	15,712.	950.
Total number of other employees paid over \$50,000 ▶	113			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>BLACKWATER SECURITY</b> P.O. BOX 1029, MOYOCK, NC 27958	<b>SECURITY SERVICE</b>	17,343,220.
<b>GLOBAL STRATEGIES GROUP</b> OUD METHA TOWER, 303 SHEIKH RASHID RD, DUBAI, UAL	<b>SECURITY SERVICE</b>	1,449,016.
<b>MARSH COPSEY &amp; ASSOC</b> 8201 CORPORATE DR. SUITE 10, LANDOVER, MD 20785	<b>MEDIA CONSULTANT</b>	143,405.
<b>STEPTOE &amp; JOHNSON, LLP</b> 1330 CONNECTICUT AVE, NW, WASHINGTON, DC 20036	<b>LEGAL SERVICES</b>	119,398.
<b>THE EUDY COMPANY</b> 211 N UNION ST, SUITE 200, ALEXANDRIA, VA 22314	<b>FUNDRAISING</b>	80,291.
Total number of others receiving over \$50,000 for professional services ▶	4	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>AMERICAN EXPRESS</b> PO BOX 360001, FT.LAUDERDALE, FL 33336-0001	<b>CREDIT CARD SERVICES</b>	4,994,485.
<b>1225 EYE ST ASSOCIATES, LLC</b> PO BOX 890213, CHARLOTTE, NC 28289-0213	<b>REAL ESTATE</b>	1,638,348.
<b>AL BAHER, MAWJ</b> BAGHDAD, IRAQ	<b>MEDIA CONSULTING</b>	761,313.
<b>CIGNA INTERNATIONAL</b> 13680 COLLECTION CENTER DR, CHICAGO, IL 60693	<b>INSURANCE</b>	575,313.
<b>CAREFIRST BCBS</b> 840 FIRST STREET, NE, WASHINGTON, DC 20065	<b>INSURANCE</b>	504,537.
Total number of other contractors receiving over \$50,000 for other services ▶	32	

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V-A, FORM 990**

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A****Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	75788489.	36395245.	26984693.	20107899.	159276326.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	45,157.			1,298.	46,455.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	75833646.	36395245.	26984693.	20109197.	159322781.
<b>24</b> Line 23 minus line 17	75833646.	36395245.	26984693.	20109197.	159322781.
<b>25</b> Enter 1% of line 23	758,336.	363,952.	269,847.	201,092.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 3,186,456.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 159322781.
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>46,455.</u> 19 _____ 22 _____ 26b _____					<b>26d</b> 46,455.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 159276326.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 99.9708%
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b>					
(2004) (2003) (2002) (2001)					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b>					
(2004) (2003) (2002) (2001)					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <b>27f</b> N/A					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>	
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>32d</b>	
<hr/>		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>33h</b>	
<hr/>		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2005

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated group.Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		<b>N/A</b>													
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				<b>N/A</b>
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					<b>0.</b>
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					<b>0.</b>
<b>47</b> Total lobbying expenditures					<b>0.</b>
<b>48</b> Grassroots nontaxable amount					<b>0.</b>
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					<b>0.</b>
<b>50</b> Grassroots lobbying expenditures					<b>0.</b>

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		<b>0.</b>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable**

**Exempt Organizations** (See page 12 of the instructions.)

- 51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

- b Other transactions:**

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

(v) Loans or loan guarantees

**(vi) Performance of services or membership or fundraising solicitations**

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

- 52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

- b. If "Yes," complete the following schedule:

N/A

[illegible]

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
11	OFFICE EQUIPMENT	VARI	ESSL	.000	16	257,355.			257,355.	85,432.		67,579.
12	LEASEHOLD IMPROVEMENTS	VARI	ESSL	.000	16	412,115.			412,115.	61,363.		45,673.
13	DEVELOPMENT SOFTWARE	VARI	ESSL	.000	16	108,893.			108,893.	97,966.		5,627.
	* TOTAL 990 PAGE 2											
	DEPR					778,363.		0.	778,363.	244,761.	0.	118,879.

FORM 990

OTHER EXPENSES

STATEMENT

1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
RECRUITMENT ADS	13,812.	11,623.	2,189.	
BANKING FEES	127,243.	122,778.	4,465.	
CONSULTANT FEES	225,351.	225,351.		
CONTRACTUAL SERVICES	9,130,594.	9,067,601.	62,993.	
FIELD OFFICE	3,464,997.	3,463,396.	1,601.	
INTERNET	403,546.	382,095.	21,451.	
LICENSES AND REGISTRATIONS	31,127.	14,230.	16,897.	
OVERHEAD ALLOCATION	0.	-1,319,871.	1,319,871.	
SOFTWARE	101,785.	23,549.	78,236.	
SUBCONTRACTORS	939,923.	939,923.		
TRAINING	73,723.	27,234.	46,489.	
POLLING	1,871,866.	1,871,866.		
OTHER EXPENSES	1,200.	275.	925.	
EMPLOYEE MORALE	12,318.		12,318.	
SECURITY SERVICES	20,148,398.	20,148,398.		
TOTAL TO FM 990, LN 43	36,545,883.	34,978,448.	1,567,435.	



FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 2

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LORNE W CRANER	239,615.	29,758.	1,200.	270,573.
A. PROGRAM SERVICES	184,168.	22,872.	922.	207,962.
B. MANAGEMENT AND GENERAL	55,447.	6,886.	278.	62,611.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JUDY VAN REST	147,000.	19,104.	1,200.	167,304.
A. PROGRAM SERVICES	112,984.	14,683.	922.	128,589.
B. MANAGEMENT AND GENERAL	34,016.	4,421.	278.	38,715.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GEORGES A. FAURIOL	138,353.	22,350.	1,200.	161,903.
A. PROGRAM SERVICES	106,338.	17,178.	922.	124,438.
B. MANAGEMENT AND GENERAL	32,015.	5,172.	278.	37,465.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELIZABETH DUGAN	133,492.	17,684.	1,025.	152,201.
A. PROGRAM SERVICES	102,602.	13,592.	788.	116,982.
B. MANAGEMENT AND GENERAL	30,890.	4,092.	237.	35,219.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HAROLD W. COLLAMER	129,154.	13,787.	1,200.	144,141.
A. PROGRAM SERVICES	99,268.	10,597.	922.	110,787.
B. MANAGEMENT AND GENERAL	29,886.	3,190.	278.	33,354.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SONYA VEKSTEIN	134,519.	23,967.	1,200.	159,686.
A. PROGRAM SERVICES	103,391.	18,421.	922.	122,734.
B. MANAGEMENT AND GENERAL	31,128.	5,546.	278.	36,952.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				811,492.
TOTAL MANAGEMENT AND GENERAL				244,316.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>1,055,808.</u>

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT DOS 2011-06483	IRAN: PONTIS FOUNDATION - LMAQM-06-GR-007/64	GROSSLINGOVA 59, BRATISLAVA 81108, SLOVAKIA	NONE	101,390.
GRANT DOS 2011-06413	CHINA: THE DUI HUA FOUNDATION S-LMAQM-05-GR-144/	400 SUTTER STREET, SAN FRANCISCO, CA 94108	NONE	175,000.
GRANT DOS 2012-06413	CHINA: WORLD & CHINA INSTITUTE S-LMAQM-05-GR-144/	8-1-5 NANSHAGOU, SANLIHE, BEIJING 100045, CHINA	NONE	30,000.
GRANT DOS 2011-06431	LIBERIA: LIBERIA MINI GRANTS S-LMAQM-04-GR-101/	POWERTECH BUILDING, RANDALL STREET, MONROVIA,	NONE	17,109.
GRANT DOS 2012-06431	NIGERIA: NIGERIA MINI GRANTS S-LMAQM-04-GR-101/	PLOT 3215 OFF EUPHRATES STREET, ABUJA, MAITAMA,	NONE	30,000.
GRANT DOS 2013-06431	SOMALILAND: MWAP- S-LMAQM-04-GR-101/ 431.3	P.O. BOX 3778-00200, NAIROBI, KENYA	NONE	34,327.
GRANT DOS 2014-06431	SUDAN: MWAP- S-LMAQM-04-GR-101/ 431.4	P.O. BOX 3778-00200, NAIROBI, KENYA	NONE	29,800.
GRANT DOS 2011-06472	CUBA: CUBAN DEMOCRATIC DIRECTORATE	790 NW 107TH AVE., STE 308, MIAMI, FL 33172	NONE	78,709.
GRANT DOS 2012-06472	CUBA: CUBAN DEMOCRATIC DIRECTORATE	790 NW 107TH AVE., STE 308, MIAMI, FL 33172	NONE	2,253,028.
GRANT NED 2011-07525	CHINA: WORLD & CHINA INSTITUTE 2005-037.2/7525	8-1-5 NANSHAGOU, SANLIHE, BEIJING 100045, CHINA	NONE	40,000.
GRANT NED 2011-07531	AFRICA: SOUTH AFRICAN INSTITUTE OF RACE RELATIONS	SAIRR P.O. BOX 31044, BRAAMFONTEIN 2017,	NONE	35,000.
GRANT NED 2011-07410	BURMA: NATIONAL LEAGUE FOR DEMOCRACY/LIBERATE	P.O. BOX 34, MAESOT, TAK 63110, THAILAND	NONE	7,779.

GRANT NED 2012-07410	BURMA: NATIONAL LEAGUE FOR DEMOCRACY/LIBERATE	180D,VIKAS PURI, NEW DELHI, 110018, INDIA	NONE	-1,000.
GRANT NED 2013-07410	BURMA: NLD/LIBERATED AREA YOUTH-THAILAND	P.O. BOX 156, MAESOT,TAK 63110,THAILAND	NONE	-615.
GRANT NED 2011-07611	BURMA: NLD/LIBERATED AREA-THAILAND	P.O. BOX 34, MAESOT,TAK 63110,THAILAND	NONE	11,277.
GRANT NED 2012-07611	BURMA: NLD/LIBERATED AREA YOUTH-THAILAND	P.O. BOX 156, MAESOT,TAK 63110,THAILAND	NONE	47,000.
GRANT NED 2011-7616	BURMA: POLITICAL DEFIANCE COMMITTEE 2006-344.1/7616	PO BOX 125, MAESOT,TAK 63110,THAILAND	NONE	199,720.
GRANT NED 2011-07617	BURMA: NLD/LIBERATED AREA-THAILAND	P.O. BOX 34, MAESOT,TAK 63110,THAILAND	NONE	20,000.
GRANT NED 2012-07617	BURMA: NLD/LIBERATED AREA YOUTH-THAILAND	P.O. BOX 156, MAESOT,TAK 63110,THAILAND	NONE	47,000.
GRANT NED 2011-07473	CUBA: CUBAN DEMOCRATIC DIRECTORATE	790 NW 107TH AVE., STE 308, MIAMI, FL 33172	NONE	-204.
GRANT NED 2013-07487	SLOVAKIA: INSTITUTE FOR PUBLIC AFFAIRS	HVIEZDOSLAVOVO NAM, 15, BRATISLAVA 81102,	NONE	-1,870.
GRANT NED 2011-07570	ARGENTINA: CIPPEC 2004-035.0/7570	AV. CALLAO 25, PISP 1 C1022AAA, BUENOS AIRES,	NONE	-13,229.
GRANT NED 2011-07437	COTE D'IVOIRE: GERDDES-CI 2004-035.0/7437	08 BP 1256, ABIDJAN 08, COTE D'IVOIRE, AFRICA	NONE	-2,006.
GRANT USAID 2011-08074	NICARAGUA: INSTITUTE FOR DEMOCRACY- IPADE	CARRETERA A MASAYA KM. 9 1/2, MANAGUA, NICARAGUA	NONE	176,921.
GRANT USAID 2015-05470	CUBA: CUBAN DEMOCRATIC DIRECTORATE	790 NW 107TH AVE., STE 308, MIAMI, FL 33172	NONE	-34,814.
GRANT USAID 2012-08074	NICARAGUA: FIBRAS - DGC-A-00-01-00004-	ROTONDA EL GUEGUENSE 1 CUADRA ARRIBA, 1/2 CUADRA	NONE	400,000.

GRANT USAID 2013-08074	NICARAGUA:JUDENIC - DGC-A-00-01-00004-	C/O EDUARDO GARCIA NONE HERDOCIA, AVE JEAN PAUL GENIE, DEL	275,000.
GRANT USAID 2011-08163	MOLDOVA: AMERICAN COUNCIL OF YOUNG POLITICAL	1717 K STREET, NW, NONE SUITE 500, WASHINGTON, DC	100,000.
GRANT USAID 2018-04060	UKRAINE: CENTER FOR POLITICAL AND LEGAL INITIATIVES	MALYSHKO 3, KYIV NONE 02192, UKRAINE	49,590.
GRANT USAID 2019-04060	UKRAINE: DEMOCRACY DEVELOPMENT FOUNDATION	OFFICE #906, 36/1 NONE MELNYKOVA, KYIV 041119, UKRAINE	40,000.
GRANT USAID 2011-04060	UKRAINE: ZHITOMYR OBLAST CENTER OF YOUTH INITIATIVES	MALA BERDYCHIVSKA NONE STR 23, APT 5,, ZHITOMYR 10014,	11,104.
GRANT USAID 201J-04060	UKRAINE: YOUTH XXI CENTURY 04-COEU-105/4060.1	LUBCHENKO STR. 3, NONE CHERNIHIV 14031, UKRAINE	10,586.
GRANT USAID 201K-04060	UKRAINE: EAST UKRAINIAN DEMOCRACY	MIRONOSETSKAYA STR NONE 93A, APT. 3, KHARKIV 61002,	14,854.
GRANT USAID 201L-04060	UKRAINE: DEMOCRACY DEVELOPMENT FOUNDATION	OFFICE #906, 36/1 NONE MELNYKOVA, KYIV 041119, UKRAINE	21,828.
GRANT USAID 2016-04060	UKRAINE: YOUTH XXI CENTURY 04-COEU-105/4060.6	LUBCHENKO STR. 3, NONE CHERNIHIV 14031, UKRAINE	-6.
GRANT USAID 2017-04060	UKRAINE: EAST UKRAINIAN DEMOCRACY	MIRONOSETSKAYA STR NONE 93A, APT. 3, KHARKIV 61002,	-21.
GRANT USAID 2011-05896	EGYPT: IBN KHALDUM CENTER FOR DEVELOPMENT	17 STREET, 12 NONE MOQATTAM, CAIRO, EGYPT	198,723.
GRANT USAID 2012-08031	UGANDA: UGANDA MINIGRANTS 617-A-00-0400002/8	P.O. BOX 8203, NONE KAMPALA, UGANDA	60,111.
GRANT USAID 2017-09110	CAMBODIA: CAMBODIAN CENTER FOR HUMAN RIGHTS	NO 19, STREET 287, NONE PHNOM PENH, CAMBODIA	885,346.
GRANT USAID 2016-09110	CAMBODIA: YOUTH COUNCIL OF CAMBODIA	#112B, ST 173, NONE TUOL SVAY PREY, CHAMKAROM, PHNOM	97,772.

GRANT USAID	HAITI: FOUNDATION	75, ANGLE RUES	NONE	
2012-08079	ESPOIR	FAUBERT ET		
	521-G-00-01-00069-	PINCHINAT,		-85.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

5,445,124.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	4
	PART III		

EXPLANATION

A NONPROFIT, NONPARTISAN ORGANIZATION, THE INTERNATIONAL REPUBLICAN INSTITUTE (IRI) ADVANCES FREEDOM AND DEMOCRACY WORLDWIDE BY DEVELOPING POLITICAL PARTIES, CIVIC INSTITUTIONS, OPEN ELECTIONS, GOOD GOVERNANCE AND THE RULE OF LAW.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	257,355.	153,011.	104,344.
LEASEHOLD IMPROVEMENTS	412,115.	107,036.	305,079.
DEVELOPMENT SOFTWARE	108,893.	103,593.	5,300.
TOTAL TO FORM 990, PART IV, LN 57	778,363.	363,640.	414,723.

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FORM 990                      PART V-A - LIST OF OFFICERS, DIRECTORS,                      STATEMENT                      6  
    TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB ACCOUNT
SENATOR JOHN MCCAIN 1225 EYE STREET, NW WASHINGTON, DC 20005	CHAIRMAN 1.00	0.	0.	0.
PETER T. MADIGAN 1225 EYE STREET, NW WASHINGTON, DC 20005	VICE CHAIRMAN 1.00	0.	0.	0.
J. WILLIAM MIDDENDORF, II 1225 EYE STREET, NW WASHINGTON, DC 20005	SECRETARY-TREASURER 1.00	0.	0.	0.
AMBASSADOR L PAUL BREMER, III 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
GAHL HODGES BURT 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
US REPRESENTATIVE DAVID DREIER 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
LAWRENCE S. EAGLEBURGER 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
FRANK J. FAHRENKOPF, JR 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
ALISON B. FORTIER 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
MAYOR JAMES A. GARNER 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
SUSAN GOLDING 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.

## INTERNATIONAL REPUBLICAN INSTITUTE

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SENATOR CHUCK HAGEL 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
CHERYL F. HALPERN 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
WILLIAM J. HYBL 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
DR. JEANE J. KIRKPATRICK 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
US REP JIM KOLBE 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
JANET G. MULLINS GRISSOM 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
CONSTANCE BERRY NEWMAN 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
ALEC L. POITEVINT, II 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
RANDY SCHEUNEMANN 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
JOSEPH R. SCHMUCKLER 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
BRENT SCOWCROFT 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
OLIN L. WETHINGTON 1255 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.
RICHARD WILLIAMSON 1225 EYE STREET, NW WASHINGTON, DC 20005	DIRECTOR 1.00	0.	0.	0.



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THOMAS BARBA 1225 EYE STREET, NW WASHINGTON, DC 20005	GENERAL COUNSEL 1.00	0.	0.	0.
LORNE W CRANER 1225 EYE STREET, NW WASHINGTON, DC 20005	PRESIDENT 40.00	239,615.	29,758.	1,200.
JUDY VAN REST 1225 EYE STREET, NW WASHINGTON, DC 20005	EXEC VICE PRESIDENT 40.00	147,000.	19,104.	1,200.
GEORGES A. FAURIOL 1225 EYE STREET, NW WASHINGTON, DC 20005	SEN VICE PRESIDENT 40.00	138,353.	22,350.	1,200.
ELIZABETH DUGAN 1225 EYE STREET, NW WASHINGTON, DC 20005	VP FOR PROGRAMS 40.00	133,492.	17,684.	1,025.
HAROLD W. COLLAMER 1225 EYE STREET, NW WASHINGTON, DC 20005	COO 40.00	129,154.	13,787.	1,200.
SONYA VEKSTEIN 1225 EYE STREET, NW WASHINGTON, DC 20005	CFO 40.00	134,519.	23,967.	1,200.
TOTALS INCLUDED ON FORM 990, PART V-A		922,133.	126650.	7,025.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT	7
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
CONSORTIUM FOR ELECTIONS & POLITICAL PROCESS STRENGTHENING	X	

FORM 990	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT	8
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NAME OF COUNTRY

ANGOLA  
KENYA  
LIBERIA  
NIGERIA  
UGANDA

SOUTH AFRICA  
BANGLADESH  
CAMBODIA  
HONG KONG  
EAST TIMOR  
INDONESIA  
MONGOLIA  
AZERBAIJAN  
GEORGIA  
KAZAKHSTAN  
KYRGYZSTAN  
MOLDOVA  
RUSSIA  
UKRAINE  
UZBEKISTAN  
ALBANIA  
BOSNIA-HERZEGOVINA  
BULGARIA  
CROATIA  
MACEDONIA  
ROMANIA  
SLOVAKIA  
TURKEY  
LITHUANIA  
NICARAGUA  
AFGHANISTAN  
JORDAN  
MOROCCO  
IRAQ  
YUGOSLAVIA

FORM 990	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS AN OFFICE	STATEMENT	9
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NAME OF COUNTRY

AFGHANISTAN  
NICARAGUA  
IRAQ  
MOROCCO  
JORDAN  
LITHUANIA  
TURKEY  
SLOVAKIA  
ROMANIA  
MACEDONIA  
CROATIA  
BOSNIA-HERZEGOVINA  
UZBEKISTAN  
UKRAINE  
RUSSIA

MOLDOVA  
KYRGYZSTAN  
KAZAKHSTAN  
GEORGIA  
AZERBAIJAN  
MONGOLIA  
INDONESIA  
EAST TIMOR  
HONG KONG  
CAMBODIA  
BANGLADESH  
SOUTH AFRICA  
UGANDA  
NIGERIA  
LIBERIA  
KENYA  
ANGOLA  
ZIMBABWE  
YUGOSLAVIA

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## **Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	<b>INTERNATIONAL REPUBLICAN INSTITUTE</b>	<b>52-1340267</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1225 EYE STREET, NW, NO. 700</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **THE ORGANIZATION**

Telephone No. ► **(202) 408-9450**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **OCT 1, 2005**, and ending **SEP 30, 2006**

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.